

Score Sheet

Student's Name _____

Examiner's Initials _____

Teacher's Name _____

Date of Testing _____

School _____

Letter Sound Fluency Test [#]2.

If child does not say anything after 3 seconds: do not say anything, point to next letter. If names incorrect letter: keep going. Draw a diagonal slash through any letters the student does not say the sound for or says the sound incorrectly. Circle the last item that child attempts. Stop at 1 **minute**. If finished before 1 minute: record time.

w b k o f j r h z u d l t p i a q s v c m y x e g

_____ number of letters sounded correctly (in _____ seconds)

_____ adjusted score (if completed test in less than 1 minute)

b

c

h

a

w

b

k

o

f

j

r

h

z

u

d

l

t

p

i

a

q

s

v

c

m

y

x

e

g